| 1,23,  |   |          |                                   |               |                  |  |                                       |   |                 | Application or Docket Number |                        |                      |                     |                        |
|--|---|----------|-----------------------------------|---------------|------------------|--|---------------------------------------|---|-----------------|------------------------------|------------------------|----------------------|---------------------|------------------------|
| PATENT APPLICATION FEE DETERMINATION RECOF                               |   |          |                                   |               |                  |  |                                       |   |                 | _                            | )9[                    | 52                   | 204                 | 03                     |
| CLAIMS AS FILED - PART I (Column 1) (Column 2)                           |   |          |                                   |               |                  |  |                                       |   |                 | LL E<br>E (                  | ENTITY                 | OR                   | OTHER<br>SMALL      |                        |
| FOR  |   |          | NUMBER FILED                      |               |                  | NUMBER EXTRA                               |                                       |   | RATE            | Ξ ]                          | FEE                    | ] [                  | RATE                | FEE                    |
| BASIC FEE  |   |          |                                   |               |                  |  |                                       |   |                 |                              | 345.00                 | OR                   |                     | 690.00                 |
| TOTAL CLAIMS   |   |          | 5 minus 20=                       |               |                  | •  |                                       |   | X\$ 9=          |                              | OR                     | X\$18=               |                     |                        |
| INDEPENDENT CLAIMS   |   |          | 3 minus 3 =                       |               |                  |  |                                       |   | X39=            |                              | OR                     | X78=                 |                     |                        |
| MULTIPLE DEPENDENT CLAIM PRESENT   |   |          |                                   |               |                  |  |                                       |   | +130=           |                              |                        | 1 1                  | +260=               |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2 |   |          |                                   |               |                  |  |                                       | ı | TOTAL 544       |                              | OR<br>OR               | TOTAL                |                     |                        |
|  | CLAIMS AS AMENDED - PART II   |          |                                   |               |                  |  |                                       |   |                 | <u>'</u>                     |                        | Jon                  | OTHER               | THAN                   |
| (Column 1) (Column 2) (Column 3)   |   |          |                                   |               |                  |  |                                       |   | SMAL            | LL E                         | ENTITY                 | OR                   | SMALL               |                        |
| AMENDMENT A  |   | REM.     | AIMS<br>AINING<br>TER<br>IDMENT   |               | PR               | HIGHEST<br>NUMBER<br>EVIOUSLY<br>PAID FOR  | PRESENT<br>EXTRA                      |   | RATE            |                              | ADDI-<br>TIONAL<br>FEE |                      | RATE                | ADDI-<br>TIONAL<br>FEE |
|  | Total   | •        | 15                                | Minus         | **               | 20   | =                                     | ٠ | X\$ 9:          | =                            |                        | OR                   | X\$18=              |                        |
|  | independent   | *        | 9                                 | Minus         | ***              | 3  | = 6                                   |   | X30             | 12                           | 252                    | OR                   | X7624               |                        |
| <b>-</b>   | FIRST PRESE   | NTATIC   | N OF ML                           | ILTIPLE DEF   | END              | ENT CLAIM                                  |                                       |   | +130-           | - 1                          |                        | OR                   | +260=               |                        |
| REST AVAILABLE   |   |          |                                   |               |                  |  |                                       |   |                 |                              | 252                    | ا                    | TOTAL               |                        |
|  | (Column 1) (Column 2) (Column 3)  |          |                                   |               |                  |  |                                       |   |                 |                              | <i>0.00</i> 1          | JOH,                 | ADDIT. FEE          |                        |
| _  | AND AND   | CL       | AIMS                              | 4. 45. 65.    | 1                | HIGHEST<br>NUMBER                          |                                       | [ |                 | 1                            | ADDI-                  | [ ]                  |                     | ADDI-                  |
| AMENDMENT B  |   | AF       | AINING<br>TER<br>IDMENT           | 1             | PP               | REVIOUSLY<br>PAID FOR                      | PRESENT<br>EXTRA                      |   | RATE            |                              | TIONAL<br>FEE          |                      | RATE                | TIONAL<br>FEE          |
|  | Total   | · /      | 7                                 | Minus         | **               | 20   | =                                     |   | X\$ 9:          | =                            |                        | OR                   | X\$18=              |                        |
|  | Independent   | . (      | <i></i>                           | Minus         | ***              | G GLAIM                                    | -                                     |   | X39=            | =                            |                        | OR                   | X78=                |                        |
| H  | FIRST PRESE   | NIAIIC   | ON OF MI                          | JLIPLE DEI    | PENL             | DENT CLAIM                                 |                                       |   | +130            |                              |                        | OR                   | +260≃               |                        |
| l  |   |          |                                   |               |                  |  |                                       |   | TOT<br>ADDIT, F |                              |                        | OR                   | TOTAL<br>ADDIT. FEE |                        |
| L  |   |          | umn 1)                            |               |                  | Column 2)                                  | (Column 3)                            |   |                 |                              |                        | _                    |                     |                        |
| AMENDMENT C  |   | REM      | AIMS<br>IAINING<br>FTER<br>NOMENT |               | PF               | HIGHEST<br>NUMBER<br>REVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA                      |   | RATI            |                              | ADDI-<br>TIONAL<br>FEE |                      | RATE                | ADDI-<br>TIONAL<br>FEE |
|  | Total   | • ,      | 15                                | Minus         | **               | 20   | =                                     |   | X\$ 9           | = -                          |                        | OR                   | X\$18=              |                        |
| RE   | Independent   | •        | 8                                 | Minus         | •••              |  | =                                     |   | X39:            | _                            |                        | OR                   | X78=                |                        |
| Ľ  | FIRST PRESE   |          | +130                              | $\neg$        |                  | 1  |                                       |   |                 |                              |                        |                      |                     |                        |
|  | * If the entry in column 1 is less than the entry in column 2, write *0* in column 3. |          |                                   |               |                  |  |                                       |   |                 |                              |                        | OR                   | +260=               |                        |
|  | If the "Highest Nu<br>"If the "Highest Nu<br>The "Highest Nu                          | imber Pi | reviously P                       | ald For IN TH | IS SP.<br>IIS SP | ACE is less the                            | an 20, enter "20.<br>an 3. enter "3." |   | ADDIT, F        |                              | propriate bo           | OR<br>ox in $\alpha$ | ADDIT. FEE          |                        |